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Under the Pa	perwork Reduction Act of	1995, no person are i	required to	respond to a collectio	n of informati	on unless it displays	a valid OMB	control number
	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Application Number 10/622,769-Conf. #4223				
				Filing Date		July 21, 2003		
						Birol Emir		
				Examiner Name E. Olson		E. Olson		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1623				
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00				Attorney Docket No. 61368-223332				
METHOD OF	PAYMENT (check	(all that apply)						
Check	Credit Card	Money Order	No	ne Other (please iden	tify):		
x Deposit Ac	count Deposit Account	Number: 22-0261	Deposit Acc	count Name:		Venable LLF	כ	
For the	above-identified dep	osit account, the I	Director is	hereby authorize	ed to: (che	ck all that apply)		
x CI	narge fee(s) indicate	d below		Charg	e fee(s) ind	dicated below, ex	cept for ti	ne filing fee
	narge any additional e(s) under 37 CFR		yments o	f x Credit	any overp	ayments		
FEE CALCUI	ATION							
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE	ES					
	F	ILING FEES	SE	ARCH FEES	EXAMIN	NATION FEES		
Application Ty	<u>/pe</u> Fee (Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity	Eooe (Paid (\$)
Utility	300		500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	reesi	alu (a)
•	200		100	50	130	65		
Design Plant								
	200		300	150	160	80		
Reissue	300		500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLA	NM FEES						Fac. (8)	Small Entity
Fee Description	20 (* 1 1 1 1 1 1 1	,					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims	tal Claims		Fee	ald (\$) Multiple Depen		<u>ultiple Depende</u>		
		× = _			Fe	<u>ee (\$)</u>	ee Paid (\$	<u>5)</u>
_	ber of total claims paid for							_
			Paid (\$)					
	-3 =	x = =						
-	ber of independent claim	s paid for, ii greater th	an 3. ·					
3. APPLICATIO	N SIZE FEE ition and drawings o	wasad 100 abaata	of	(avaludina alaatm	omioallu E	lad assumes as		
	er 37 CFR 1.52(e))							0
	action thereof. See				or sinan o	inity) for each ac	iannonai 5	· ·
Total Sheet				idditional 50 or frac	ction therec	f Fee (\$)	Fee	Paid (\$)
- 100 = /50 = (round up to a whole number) x							=	
4. OTHER FEE(S)								
Non-English	Specification, \$13	30 fee (no small e	ntity disc	ount)				
Other (e.g., late filing surcharge): 1253 Extension for response within third month								20.00
		1401 Notice o	f appea		<u> </u>		5	00.00
SUBMITTED BY	MON							
Signature	62100	·		Registration No. (Attorney/Agent)	35,046	Telephone	(202) 34	4-4000
Name (Print/Type)	Thomas G. Wise	man for Edward	D. Grie		· · · · · · · · · · · · · · · · · · ·	Date 5/		υ7-
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